

Report Year:

2010

10786

Mills Peninsula Health Center

San Mateo

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10786

Facility Name:

Mills Peninsula Health Center

Address:

100 South San Mateo Drive

City:

San Mateo

Hospital Owner/Licensee:

Mills-Peninsula Health Services

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
02	Power Plant	100 South San Mateo Drive	Remove	N/A	01/01/2013	12/31/2012

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Report Status: **Data Last Update:** 10/11/2010

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Power Plant

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical
Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Power Plant

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	<input checked="" type="checkbox"/>
02	Power Plant	<input checked="" type="checkbox"/>

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List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

New Hospital

X

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Hospital

Year of
Information:

2008

Information Current As
Of:

11/24/2009

Type of Services
Provided

☒

Nursing

Inpatient
Beds

40

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

40

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒

Radiological/
Imaging

☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☒

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☒

Renal Dialysis

☒

Outpatient
Surgery

☐

Central Plant

☒

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Hospital

Year of
Information:

2009

Information Current As
Of:

02/16/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

28

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

28

☒

Surgical

☐

Obstetrical
Cesarean/Deliv

☒

Rehabilitation
Therapy

☒

Anesthesia

☒

Clinical Lab

☐

Obstetrical
Recovery

☒

Renal Dialysis

☒

Radiological/
Imaging

☐

Newborn/
WellBaby

☒

Outpatient
Surgery

☒

Pharmaceutical

☒

Emergency

☐

Central Plant

☒

Dietetic

☐

Nuclear
Medicine

☒

Support
Services

☒

Administration

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

01

Building
Name:

Main Hospital

Year of
Information:

2010

Information Current As
Of:

02/16/2010

Type of Services
Provided

☒

Nursing

Inpatient
Beds

28

☐

IntensiveCare

Inpatient
Beds

0

☐

Pediatric/Adol
escent

Inpatient
Beds

0

☐

Psychiatric
Nursing

Inpatient
Beds

0

☐

Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐

Intermediate
Care

Inpatient
Beds

0

☐

Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

28

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒

Radiological/
Imaging

☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐

Obstetrical
Cesarean/Deliv

☐

Obstetrical
Recovery

☐

Newborn/
WellBaby

☒

Emergency

☐

Nuclear
Medicine

☒

Rehabilitation
Therapy

☒

Renal Dialysis

☒

Outpatient
Surgery

☐

Central Plant

☒

Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Power Plant

Year of
Information:

2008

Information Current As
Of:

Type of Services
Provided

☐ NursingInpatient
Beds

0

☐ IntensiveCareInpatient
Beds

0

☐ Pediatric/Adol
escentInpatient
Beds

0

☐ Psychiatric
NursingInpatient
Beds

0

☐ Obstetrical
Ante/PostprtumInpatient
Beds

0

☐ Intermediate
CareInpatient
Beds

0

☐ Skilled NursingInpatient
Beds

0

Total Beds this
Building

0

☐ Surgical☐ Anesthesia☐ Clinical Lab☐ Radiological/
Imaging☐ Pharmaceutical☐ Dietetic☐ Administration☐ Obstetrical
Cesarean/Deliv☐ Obstetrical
Recovery☐ Newborn/
WellBaby☐ Emergency☐ Nuclear
Medicine☐ Rehabilitation
Therapy☐ Renal Dialysis☐ Outpatient
Surgery☒ Central Plant☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Power Plant

Year of
Information:

2009

Information Current As
Of:

Type of Services
Provided

☐ Nursing

Inpatient
Beds

0

☐ IntensiveCare

Inpatient
Beds

0

☐ Pediatric/Adol
escent

Inpatient
Beds

0

☐ Psychiatric
Nursing

Inpatient
Beds

0

☐ Obstetrical
Ante/Postprtum

Inpatient
Beds

0

☐ Intermediate
Care

Inpatient
Beds

0

☐ Skilled Nursing

Inpatient
Beds

0

Total Beds this
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

02

Building
Name:

Power Plant

Year of
Information:

2010

Information Current As
Of:

Type of Services
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric Inpatient
Nursing Beds 0

☐ Obstetrical Inpatient
Ante/Postprtum Beds 0

☐ Intermediate Inpatient
Care Beds 0

☐ Skilled Nursing Inpatient
Beds 0

Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☐ Support
Services

Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

01

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new or retrofitted building?

Surgical

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new or retrofitted building?

Anesthesia

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new or retrofitted building?

ClinicalLab

N/A

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Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Radiological/Imaging

N/A

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Pharmaceutical

N/A

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Dietetic

N/A

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitrd building?

Administration

N/A

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Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Support Services

N/A

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Emergency

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Rehabilitation
Therapy

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Renal Dialysis

N/A

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Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitted building?

OutpatientSurgery

N/A

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Medical/Surgical
(Include GYN)

Removed from hospital services

Building
Number:

01

Building Name:

Main Hospital

Will general acutr care services and beds will be relocated to a new or retrofitted building?

Rehabilitation
Center

Removed from hospital services

Building
Number:

02

Building Name:

Power Plant

Will general acutr care services and beds will be relocated to a new or retrofitted building?

CentralPlant

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Power Plant

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☒

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☒

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☒

Pharmaceutical

☒

Nuclear Medicine

☐Support
Services☐Intermediate
Care☒

Dietetic

☐

Administration

☒☐

Skilled Nursing

☒

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Power Plant

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01

Building Name: Main Hospital

Type of Service Provided
☒ Nursing Inpatient Beds 28

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 28

☒ Surgical

☒ Anesthesia

☒ Clinical Lab

☒ Radiological/
Imaging

☒ Pharmaceutical

☒ Dietetic

☒ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☒ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☒ Renal Dialysis

☒ Outpatient
Surgery

☐ Central Plant

☒ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01

Building Name:

Main Hospital

Medical / Surgical (Include GYN)Inpatient
Bed

8

Inpatient
Days

139

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

20

Inpatient
Days

1607

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

28

**Total Beds this
Building Per
Service**

28